



Demonstration Projects for Primary Care Providers: Incorporating HIV Prevention into Medical Care Settings (PICS)



Overview

Incorporating HIV Prevention into Medical Care Settings (PICS) demonstration project addresses strategies 1 and 3 of the Advancing HIV Prevention Initiative. It will explore the effects of clinic-based, repeated, brief prevention counseling on patient behaviors and sexually transmitted diseases (STDs) in the United States through a program called Positive S.T.E.P.s (Striving to Engage People).

After testing positive for HIV, many people reduce behaviors that may transmit HIV to others; however, such behavioral changes are not always maintained and some people continue to engage in behaviors that place themselves and others at risk. Ongoing, brief prevention counseling is a cost-effective measure that can be incorporated into routine care for HIV-positive individuals. The HIV outpatient clinic is an ideal setting for the delivery of this intervention to large numbers of individuals with HIV in the years following their HIV diagnosis because it provides an opportunity to a) reach a large number of seropositive individuals who visit the clinic on a regular basis, b) implement a safer-sex and needle-sharing intervention across time, c) integrate the intervention with routine clinical care, and d) involve clinic nurses and physicians in the intervention.

The six sites chosen for this project will implement the 2003 Incorporating HIV Prevention into Medical Care Settings Guidelines and will assess their impact on patient-reported risk behaviors, STD rates, tailored risk-reduction counseling, and referrals. Providers at participating sites will receive training to enhance their HIV prevention and risk-reduction planning and counseling skills. Mountain Plains AIDS Education Training Center (MPAETC) has been contracted to provide standardized training at each of the six clinics, as well as a variety of prevention posters and brochures geared toward patients and providers.

Goals

The goals of this program are to

- recruit 1,200 patients at six sites (200 per site) with at least 50% racial/ethnic minority representation,
- increase the number of persons with HIV who have information about transmission risks and regularly receive counseling about ways to reduce the risk of transmitting HIV to others,
- increase the number of sexually active persons with HIV who are screened and tested for STDs,

- enhance the capacity and ability to conduct effective prevention counseling and referral for services (e.g., social, mental health, drug treatment, partner notification), and
- assist in strengthening linkages among health departments, CBOs, and providers of HIV care to facilitate the referral of HIV-positive persons to needed services.

Collaborator Projects

Chapel Hill, North Carolina, University of North Carolina (UNC) will conduct the project in their Infectious Diseases Clinic. They currently provide services to 1,500 patients referred to them for HIV care. UNC is incorporating the services of an on-site prevention counselor for this project.

Denver, Colorado, Denver Health and Hospital Authority, Denver Public Health (DPH) is a division of the Denver Health and Hospital Authority. They have 1,250 active patients in their ID/AIDS Clinic. Denver is the only site with an established prevention program targeting HIV positive patients. The PICS project will enable them to increase their prevention efforts and measure outcomes not previously assessed.

Atlanta, Georgia, AIDS Research Consortium of Atlanta is a non-profit research center that conducts research in 50 private physician offices and six public health clinics. They will conduct their project in two Ryan White Clinics located in the Cobb County and Dekalb County Board of Health (BOH) Departments. Delkalb County BOH is the larger clinic serving 850 patients. The Cobb County BOH is a smaller clinic with a patient population of 354, 10 % of whom are of Hispanic ethnicity.

Nashville, Tennessee, Comprehensive Care Center is an independent 501 (c) (3) organization funded by Ryan White and affiliated with the Infectious Diseases Division of Vanderbilt University Medical Center. Their active patient population of 2,000 has shifted over the last nine years to comprise more minorities and females, which is representative of the HIV epidemic rather than that of the local population. They will collaborate with the CBO Nashville CARES to provide more intensive HIV prevention counseling to patients who need this service.

Brooklyn, New York, State University of New York (SUNY) Downstate is the Medical Center composed of the University Hospital of Brooklyn and medical, nursing, and allied health professional schools. Their currently active HIV caseload is 902 patients, 65% of whom are inner-city females. University-wide resources are available to their clinic patients.

Kansas City, Missouri, University of Missouri will conduct the project at the Truman Medical Center Infectious Diseases Clinic. There are currently 470 patients receiving care at the clinic. They have expanded their patient services to include prevention counseling as part of the PICS project.

A collaboration between CDC and staff researchers at each of the project sites resulted in the creation of an intervention suitable for uniform administration at all sites. This intervention is designed to reduce HIV transmission by reducing risky behaviors among HIV positive patients.

It will be delivered as a standard of care to all patients at participating sites. PICS will utilize the opportunity presented by regular provider-patient visits to promote the program.

Project Milestones

- Funding announcement: July 2003
- Selection of contractors: September 2003
- Investigator meetings: November 2003 and January 2004
- Site visits: began May 2004
- Cohort enrollment: began April 2004 and continued through October 2004

Data Collection

Data measuring programmatic effectiveness will be obtained anonymously from the clinic population at large. More detailed measurements will be conducted with patients enrolled in a cohort measurement group.

All enrolled participants will be asked to provide baseline data (i.e., demographic and socioeconomic data, test knowledge/attitudes/beliefs related to sexual behavior and drug use, current sexual and drug practices) via questionnaire or interview. The survey will be repeated for all participants at 6 months and again one year after enrollment.

Providers will use a Behavioral Assessment Screening Form during patient exams to facilitate risk-reduction discussions, delivery of prevention messages, and establishment of patient behavioral goals. At all sites except Denver, this will be a two-step process. The patient will complete a self-administered questionnaire that solicits information regarding risky sex and drug behaviors. Providers will use these responses to tailor prevention messages and risk-reduction plans. In Denver, providers will solicit the same information during one-on-one interviews during patient visits.

Anonymous quarterly patient assessments will be conducted four times during the course of the study to assess whether patients received prevention messages from their providers. This survey will be handed to all patients during the assessment week (not just those enrolled in the project) after they have met with their primary care provider and before they leave the clinic.

Medical record abstraction will be done to obtain lab test data collected on subjects at baseline and follow-up visits. Information gathered will include recent CD4 count, viral load, STD diagnosis, and use of antiretroviral medications and/or *Pneumocystis carinii* pneumonia prophylactics. In addition, referral types and referral follow-through will be tracked on participating patients. Data collection will be handled by MPAETC and will be systematized across the sites to permit pooled data analyses and evaluations.

All providers at participating sites will complete pre- and post-training assessments to measure their current practice of giving HIV prevention messages to their HIV-positive patients and their comfort level with the same.

Quarterly provider assessments will coincide with and compliment the quarterly patient assessments. These will measure provider fidelity to the intervention.

Results to Date

Training was conducted for project coordinators and data managers on April 8, 2004. Providers at three demonstration project sites have completed training and are implementing the Positive S.T.E.P.s intervention. Provider training at the remaining sites will conclude in November 2004. More than 1000 cohort patients have enrolled in the PICS demonstration project to date. Preliminary data analysis will begin in the near future.